# **FORM D**

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

SEC Mail Processing Section

Washington, D.C. 20549

## FORM D

OCT 08 2008

Washington, DC 110

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

## OMB APPROVAL

OMB Number: 3235-0076 D

Sept. 30, 2008 Expires: Estimated average burden hours per response . . . 16.00

SEC USE ONLY							
Prefix		Serial					
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## UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ( check if	this is an amendment and name has changed, and indicate ch	ange.) limited liability company interests					
Restricted Common Stock							
Filing Under (Check box(es) that ap	oply): Rule 504 Rule 505 Rule 506 Sec	tion 4(6) ULOE					
Type of Filing: New Filing	Amendment						
	A. BASIC IDENTIFICATION DATA						
1. Enter the information requested	l about the issuer						
Name of Issuer ( check if th	is is an amendment and name has changed, and indicate chan	nge.) .					
VisualCV, Inc.							
Address of Executive Offices: (Nur	nber and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
11951 Freedom Drive, Suite 1300	), Reston, Virginia 20190	703.251.4427					
<del>_</del>	ations: (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
(if different from Executive Offices)	PROCESSED						
Brief Description of Business:							
Internet-based resume tool.	OCT 1 5 2008	[]6444940 [64440]6441, 440 [6449]444 [1144]					
Type of Business Organization							
corporation	limited partnership, already formed acon will like	08061556					
business trust	☐ limited partnership, already formed MSON [ATUILE] ☐ limited partnership, to be formed.						
	Month Year						
Actual or Estimated Date of Incor	poration or Organization: 1 2 0 6	Actual   Estimated					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE							
	CN for Canada; FN for other foreign jurisdiction	1)					

## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offer-ing, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemp-tion, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTIF	FICATION DATA		
2. Enter the information requ		•			
<ul> <li>Each promoter of the issu</li> </ul>	ier, if the issue	r has been organized withi	n the past five years;		
<ul> <li>Each beneficial owner h securities of the issuer;</li> </ul>	aving the pow	ver to vote or dispose, or	direct the vote or dispos	sition of, 10% o	or more of a class of equity
<ul> <li>Each executive officer a</li> </ul>	nd director of	corporate issuers and of c	corporate general and ma	naging partners	of partnership issuers; and
Each general and managing	ing partner of p	partnership issuers.		<del>-</del>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Merrick, Phillip	individual)				
Business or Residence Addres	s (Number	and Street, City, State, 2	Zip Code)		,
1350 Beverly Road, #115-3	49, McLean,	Virginia 22101	•		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Dean, Eric					
Business or Residence Addres	s (Number	and Street, City, State, Z	Zip Code)		
VisualCV, Inc., 11951 Free					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Heidi & Kay Heiden Fami	ly L.P.				
Business or Residence Addres	s (Number	and Street, City, State, Z	Zip Code)		
7844 Montvale Way, McL			. ,		
	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
International Investments,	-				
Business or Residence Addres	s (Number	and Street, City, State, 2	Zip Code)		
c/o Michael DeWitt, 12966	•				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Bibury Trust	individual)				
Business or Residence Addres	s (Number	and Street, City, State, Z	Zip Code)		
c/o Phillip Merrick, Truste	•		• '		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Oneida Trust	,				,
Business or Residence Address	e (Number	and Street City State 7	in Code)		

Jack Lewis, Trustee, P.O. Box 2247, Reston, Virginia 20195

A. BASIC IDENTIF	FICATION DATA		
Enter the information requested for the following:     Each promoter of the issuer, if the issuer has been organized within	n the past five years;		
<ul> <li>Each beneficial owner having the power to vote or dispose, or securities of the issuer;</li> </ul>	direct the vote or dispos	sition of, 10% o	r more of a class of equity
Each executive officer and director of corporate issuers and of corporate issuers.	corporate general and ma	naging partners	of partnership issuers; and
Each general and managing partner of partnership issuers.			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Harrison, Donald			
Business or Residence Address (Number and Street, City, State, 2 Suite 900, 1050 Connecticut Ave., N.W., Washington, DC 2003	•		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Heidrick & Struggles International, Inc.			
Business or Residence Address (Number and Street, City, State, Z 4200 Sears Tower, 233 South Wacker Drive, Chicago, Illinois	•		
Check Box(es) that Apply:  Promoter  Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Valhalla Partners II, L.P.			
Business or Residence Address (Number and Street, City, State, Z 8000 Towers Crescent Drive, Suite 1050, Vienna, Virginia 2218	•		
Check Box(es) that Apply:  Promoter Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Lewis, Jack			
Business or Residence Address (Number and Street, City, State, 2 P.O. Box 2247, Reston, Virginia 20195	Zip Code)		
Check Box(es) that Apply:  Promoter Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)  Heiden, Heidi			
Business or Residence Address (Number and Street, City, State, Z 7844 Montvale Way, McLean, Virginia 22102	Zip Code)		
Check Box(es) that Apply:  Promoter Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Hunter, Jeff			
Business or Residence Address (Number and Street, City, State, Z VisualCV, Inc., 11951 Freedom Drive, Suite 1300, Reston, Virginia	•		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Riechers, Gene			
Business or Residence Address (Number and Street, City, State, Z	Cip Code)		

c/o Valhalla Partners II, L.P., 8000 Towers Crescent Drive, Suite 1050, Vienna, Virginia 22182

			<del></del>		B. INF	ORMAT	ION ABO	UT OFFI	ERING					
	.1 .	1.7											Yes	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								<u>L</u>	$\boxtimes$					
Answer also in Appendix, Column 2, if filing under ULOE.									¢ N/	'A				
2. What is the minimum investment that will be accepted from any individual?									y iv Yes					
3. Doe	s the offer	ring permi	it joint ow	nership of	a single u	nit?								×
sion to b list or d	or simila e listed is the name ealer, you	r remuner s an assoc of the bro may set f	ation for s lated persoker or de orth the in	olicitatior on or age aler. If n formation	erson who n of purcha ent of a brance than n for that b	isers in co oker or de five (5) p	onnection vealer regis ersons to	with sales tered with be listed a	of securiti the SEC	es in the o and/or w	offering. I ith a state	f a person or states,		
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Rucines	e or Decid	lence Add	FACE (NIII	her and C	treet, City,	State 7:	n Code							
Dusines	2 OI KE210	ience Add	1622 (IAUII	inci alia 2	ucci, City,	, state, ZI	p Code							
Name o	f Associat	ed Broba	or Dealer											
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States in	which P	Person Lie	ted Has So	dicited or	Intends to	Solicit P	urchasers							
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[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
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Busines	s or Resid	lence Add	ress (Num	ber and S	treet, City,	State. Zin	o Code)		N/A					
					,,	, <del>.,</del> ,	,		- ***					
Name o	f Associat	ed Broker	or Dealer			N/A								
States in	1 Which P	erson List	ted Has So	licited or	Intends to	Solicit Pu	urchasers							
(Ch	eck "All S	States" or o	check indi	vidual Sta	tes)								All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

offered for exchange and already exchanged.  Type of Security	0	Aggregate ffering Price	Ап	nount Already Sold
Debt	\$	0	\$	0
Equity:	<b>\$_</b> _	499,235.92	<b>s_</b>	499,235.92
☐ Common ☐ Preferred*				
Convertible Securities (including warrants)	\$	0	\$	0
Partnership Interests	\$	0	\$	0
Other (Specify)	\$	0	\$	0
Total	<b>s_</b> _	499,235.92	\$	499,235.92
Answer also in Appendix, Column 3, if filing under ULOE				
2. Enter the number of accredited and non-accredited investors who have purchased sin this offering and the aggregate dollar amounts of their purchases. For offering Rule 504, indicate the number of persons who have purchased securities and the adollar amount of their purchases of the total lines. Enter "0" if answer is "none" or	igs under aggregate	Number		Aggregate
		Investors	_	of Purchases
Accredited Investors		<u> </u>	<b>\$</b>	499,235.92
Non-accredited Investors		0	<b>\$</b>	0
Total (for filings under Rule 504 only)	········ <del></del>	0	<b>s</b>	0
Answer also in Appendix, Column 4, if filing under ULOE				
3. If this filing is for an offering under Rule 504 or 505, enter the information request securities sold by the issuer, to date, in offerings of the types indicated, in the two months prior to the first sale of securities in this offering. Classify securities by ty in Part C - Question 1.	elve (12)	Type of	D	ollar Amount
Type of Offering		Security	D	Sold
Rule 505			\$_	0
Regulation A	······		\$_	0
Rule 504			\$_	0
Total		_	\$	0
4. a. Furnish a statement of all expenses in connection with the issuance and distril in this offering. Excluded amounts relating solely to organization expenses information may be given as subject to future contingencies. If the amount of known, furnish an estimate and check the box to the left of the estimate.	of the issu	er. The		
Transfer Agent's Fees				] \$
Printing and Engraving Costs				] \$
Legal Fees			×	\$ <u>5,000.0</u>
Accounting Fees				] \$
Engineering Fees		••••••		] \$
Sales Commissions (specify finders' fees separately)				] \$
Other Expenses (identify) Finders' fees				]
			$\boxtimes$	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND L	SE U	FPRUCEEL	<u> </u>		
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$ <u>4</u>	<u>194,235.92</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.					
			Payments to Officers, Directors, & Affiliates			yments To Others
	Salaries and fees	□ \$			\$	
	Purchase of real estate		<u> </u>		\$	
	Purchase, rental or leasing and installation of machinery and equipment		<u> </u>		\$	
	Construction or leasing of plant buildings and facilities				\$	<del></del> -
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		<u>;</u>		\$	
	Repayment of indebtedness			$\Box$	\$	
	Working capital	_	 ;	$\boxtimes$	\$	494,235.92
	Other (specify)					
			S	П	\$	
	Column Totals			$\boxtimes$	\$	494,235.92
	Total Payments Listed (column totals added)	_	⊠ \$ <u>4</u>	_	<u>5.92</u>	_
	D. FEDERAL SIGNATURE					
ollov	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. If the wing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Excharateff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (I	ge Co	mmission, up			
	r (Print or Type)  slCV, Inc.  Signature	,	Date Septem	er ;	30	, 2008
	e of Signer (Print or Type)  Title of Signer (Print or Type)  ey Hunter  Presiden and Chief Executive Officer		<del>-!</del>			